

IFW 2264

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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/915,939 ✓	
	Filing Date	July 25, 2001 ✓	
	First Named Inventor	Amit P. Singh ✓	
	Group Art Unit Number	2264 ✓	
	Examiner Name	Mark A. Mais ✓	
Total Number of Pages in This Submission	4	Attorney Docket Number	22353-04995 ✓

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	John T. McNelis, Reg. No. 37,186	Dated:	15 Aug 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	John T. McNelis	Dated:	16 Aug 2005
Express Mail Mailing Number (optional):			



**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/915,939
Filing Date	July 25, 2001
First Named Inventor	Amit P. Singh
Group Art Unit	2664
Examiner Name	Mark A. Mais
Attorney Docket Number	22353-04995

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

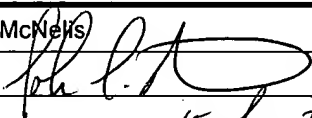
The reasons for this request are:

The client knowingly and feely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Kent Sieffert, Esq. Shumaker & Sieffert				
Address	8425 Seasons Parkway, Suite 105				
Address					
City	St. Paul	State	MN	Zip	55125
Country	U.S.A.				
Telephone	(651) 735-1100, Ext. 11	Fax			

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 00758
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	John T. McNelis
Signature	
Date	15 Aug 2005

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.